

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ActBlue**

Full Name (Last, First, Middle Initial)

**A. MARY DRATMAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2015

Mailing Address 121 DUMAS RD CHERRY HILL NJ 08003

City	State	Zip Code
CHERRY HILL	NJ	08003

**Transaction ID : SB28A\_24517406**Purpose of Disbursement  
Contribution Refund

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

25.00
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

**B. MICHAEL DRESCHER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2015

Mailing Address 3699 S SOWDER SQ

City	State	Zip Code
BLOOMINGTON	IN	47401

**Transaction ID : SB28A\_24447398**Purpose of Disbursement  
Contribution Refund

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

100.00
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

**C. MICHAEL DRESCHER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2015

Mailing Address 3699 S SOWDER SQ

City	State	Zip Code
BLOOMINGTON	IN	47401

**Transaction ID : SB28A\_24831291**Purpose of Disbursement  
Contribution Refund

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

100.00
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Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)**SUBTOTAL** of Disbursements This Page (optional)..... ►

225.00
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**TOTAL** This Period (last page this line number only)..... ►

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